

A DESCRIPTION OF PSYCHOSOCIAL STRESSORS OF FINAL YEAR STUDENT NURSES IN A PRIVATE TRAINING FACILITY IN GAUTENG

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**A research report submitted to the Faculty of Science, University of the
Witwatersrand, in fulfilment of the requirements for the degree of Masters of
Science.**

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DECLARATION

I declare that this research report titled “**A Description of Psychosocial Stressors of Final Year Student Nurses in a Private Training Facility in Gauteng**” with Ethical Clearance number **M160805** is my own, unaided work. It is being submitted for the Degree of MSc Nursing Education at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

(Signature of candidate)

_6th_day of _June_ 2018_in_Parktown, Johannesburg_____

DEDICATION

This study is dedicated to all of the final, 4th year students in the private training facility. Without you, this study would not have been possible.

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I would like to thank the following people:

My parents Rob and Shirley, for your unwavering support, love and encouragement.

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ABSTRACT

Overall purpose of the study

To identify the nature of the psychosocial stressors of final year student nurses in a private clinical training facility experience, with a view at a later stage of developing a preventive and support programme.

Problem Statement

Student nurses in the private training facility are subjected to many psychosocial stressors. Anecdotal evidence shows that these students are not coping with these stressors, as evidenced by attrition and mental health issues. The nature and extent of the stressors was not known. While confidential counselling service is available to students, this is a short term (maximum 6 sessions) service, and reactive in nature. By identifying common psychosocial stressors, an intervention to prevent or mitigate these stressors will, at a later stage, be developed.

Research question

What is the nature of psychosocial stressors that final year student nurses in the private clinical training facility experience?

Research methods

This was a qualitative research study using semi-structured interviews as a data collection tool. It was conducted in a private nursing education institution in Gauteng. Sixteen student nurses were interviewed and the data was analysed by means of a content analysis according to the steps of Braun and Clarke (2006).

Major findings

In this study, four categories of psychosocial stressors were identified viz. Academic pressure, financial constraints, work stress and social issues. The various stressors are interrelated. Academic pressure and financial constraints were the two most stressful issues for the student nurses.

Conclusion

Despite their obvious high levels of stress, the student nurses seem to be driven to complete their training despite overwhelming odds.

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Health care workers of all professional groups are known to suffer from stress resulting from lack of time, increasing workloads, death of patients, and the constant anticipation of possible emergencies occurring and lack of support at work, amongst other causative factors. (Laranjeira, 2012, van Wyk & Pillay, 2014, Bailey & Clarke, 2013). Nurses seem to be particularly vulnerable to these stressors, (Laranjeira, 2012) due at least in part to the fact that they work so closely and intensely with patients during shifts with little opportunity to escape from the stressors in the units and also because, although nurses have high demands on them, they have little control over the factors causing their stress. (Johnston et al, 2013). The impact of job stress among nurses seriously impairs the provision of quality care and the effectiveness of the delivery of health services. (Parul et al, 2014).

The response of nurses to the daily stress they experience differs from individual to individual. Some nurses engage in unhealthy coping mechanisms such as drinking of alcohol outside of the working environment in their attempt to cope with the stressors at work (Happell et al, 2013), others exhibit a lack of self-control in response to stressors (Jacobs, 2013) and it has been suggested by McIntosh and Sheppy (2013) that it resulted in a loss of integrity amongst nurses. Bearing in mind that nurses are at higher risk of having to deal with stressors than the general public or even other health professionals, such behaviours put nursing and nurses at risk both professionally and individually (Labrague, 2013; Gibbons, 2010).

In hospitals, the working conditions of nurses are often far from ideal which includes not only the factors mentioned earlier such as emergencies, death, lack of support and high workloads, but also negative organizational environment with role conflict, long shifts, bullying and lack of resources (Lu et al, 2012).

The reality of working as a nurse in a hospital in South Africa, particularly in an urbanized community, adds further stressors. The authors of two separate books (Barbarin, Richter and de Wet, 2001) discuss the challenges of poverty and social risks in post-apartheid South Africa. Nurses, and particularly low ranking nurses, and student nurses have problems coping with the antisocial hours of nursing, due to a lack of efficient and reliable public transport, particularly in the evening and early morning when nurses are required to travel to get to work, tend to sick family members at home, financial issues/constraints, and inadequate basic services/needs in housing like electricity and running water.

In this study, the researcher will be focusing on a description of psychological stressors of final year student nurses who are likely to be subjected to all the stressors discussed above and, in addition, to academic stressors in a private training facility. There is a large range of ages and a social circumstance among the student nurses at the private training facility and thus far, no data regarding this group of students, and yet they are treated as one homogenous group simply because they commenced training together. Young and older students may react differently to the challenges of being a student nurse, as might those living in informal housing opposed to formal housing.

In South Africa student nurses are required to complete one thousand hours per year in clinical areas in order to meet the requirements set out by the South African Nursing Council (SANC). This is in accordance to the regulations relating to the Minimum Requirements for a Bridging Course for Enrolled Nurses Leading to Registration as a General Nurse or a Psychiatric Nurse (1989).

Nursing education and training programmes place student nurses at risk for many more stressors. They can impact the student negatively with regards to the implementation of their learning, and application thereof, to their clinical practical work. The very essence of clinical nursing education stresses student nurses. The students are required to integrate theoretical knowledge with the practical nursing care in the clinical area. This is achieved through various methods of assessments. Objective Structured Clinical Evaluation (OSCE) as well as comprehensive patient

care assessments (CPCA) are examples of clinical testing. The nursing training that each student goes through to reach/attain the qualification of a professional nurse is vastly different in comparison to students in physiotherapy, dentistry, occupational therapy and medicine (Labrague, 2013).

In South Africa nursing is sometimes seen as a “poverty alleviation programme” as young people who could not afford a higher education in any other field are able to enter nursing and, in the public sector, be paid a salary with minimal tuition fees to pay. Relatives are also often keen for young people to do this as they believe they will have secure employment for the rest of their lives and be able to support the extended family. In the private sector, however, the system of training and payment is vastly different. Student nurses have to pay for their education and not all receive financial support from the institution of Health and Welfare Sector Education and Training Authority (HWSETA).

Students at private nursing education institutions do not have access to funding from the National Student Financial Aid Scheme (NSFAS) and find difficulty in accessing loans due to credit constraints (Lam et al, 2013). Anecdotal evidence suggests that as a result, many students in the private nursing education institutions have resorted to asking for and receiving money from their families, putting ageing family members in a compromising position but in the hope that the student will have a promising career and care for them.

The study is necessary as, while it is known broadly what stressors impact on student nurses in private nursing education institutions, we do not know specifically which factors impact on them and what effect this has. By finding or isolating specific stressors relevant to these student nurses it will be possible to develop and provide adequate support programme in the private clinical training facility at a later stage following on from this research.

1.2 STATEMENT OF THE PROBLEM

Student nurses in a private training facility are subjected to many psychosocial stressors. Anecdotal evidence shows that these students are not coping with these stressors, as evidenced by attrition and mental health issues.

The nature and extent of the stressors is not known. While confidential counselling service is available to students, this is a short term (maximum 6 sessions) service, and reactive in nature. By identifying common psychosocial stressors it will be possible, as a post study intervention, to develop preventive strategies and a support programme.

1.3 RESEARCH QUESTION

What is the nature of psychosocial stressors that final year student nurses in a private clinical training facility experience?

1.4 PURPOSE OF THE STUDY

To identify the nature of the psychosocial stressors of final year student nurses in a private clinical training facility experience, with a view, at a later stage of developing a preventive and support programme.

1.5 CONCEPTUAL AND OPERATIONAL DEFINITIONS

Psychosocial stress refers to events and daily occurrences that can cause significant feelings of stress to the student nurses in this study. This can lead to additional emotional pressure on the student's existing emotional and social state.

Stress refers to the way in which student nurses in this study respond to demanding and changing environmental situations. It includes how the students respond personally on all levels namely, psychologically and physically.

Stressor refers to a specific incident or occurrence that leads to the student nurses in this study feeling stressed.

Gratuity refers to a form of financial aid given to a student nurse for which they have to work back time after completing their course of study.

Final year student nurse refers the final year student nurses who participated in this study. They are training and completing their course according to Regulation R683 which is the regulation relating to the minimum requirements for a bridging course for Enrolled Nurse leading to registration as a General Nurse.

Private training facility refers to the health care institution that the student nurses in this study complete their practical hours and work in.

1.6 CONCLUSIONS

In chapter one an introduction to the study and a brief overview of the study was discussed. In chapter two the literature regarding stress and stressors in general and more specifically at work and in the environment in which student nurses live and work has been reviewed. Subsequent chapters are presented as follows:

Chapter 2: Literature Review

Chapter 3: Research Methodology

Chapter 4: Findings and Discussion

Chapter 5: Conclusions and Recommendations

CHAPTER 2 – LITERATURE REVIEW

2.1 INTRODUCTION

In chapter one, a brief overview of the study, as well as the background to this study was introduced. In this chapter a review of the literature related to stress and stressors in general and more specifically at work and in the environment in which student nurses live and work.

2.2 STRESS AND STRESSORS

Stress is an inescapable part of daily life that everyone is exposed to. Schönfeld et al (2015) point out that daily stressors can pose more risk to mental health than traumatic events.

The concept 'stress' may vary from one person to another and is highly individualized as explained by an early author (Lazarus, 1966) on the subject who viewed stress as a relationship between the individual person and his/her environment that is perceived as being personally significant and/or taxing where the person does not have the resources to cope with the situation.

The physiological processes that occur when a person encounters a stressor (or potential threat) are aimed at coping with that stressful situation and bringing the body back into balance (Schwabe et al, 2011). This very process can result in negative effects, especially if the stress is prolonged.

As both a child and adult, we face different challenges appropriate to our current environment and inner resilience. Stress evolves and often wears the mask of namely, depression, anxiety, low self-esteem, relationship problems, substance abuse issues and addictions (Wolf et al, 2015). It is unfortunate that as one stressor develops, the likelihood of another stressor developing will cause a 'snow-ball effect'.

Often the accumulation of stressors create negative pressure on a person and commonly triggers a mental health issue and/ emotional breakdown in the form of depression, anxiety or panic attacks.

A study by Cohen and Janicki-Deverts (2012) indicated that while stress is individualized, the factors that appear to make it more likely for a person to experience stress-related health risks are women, those with a lower socio-economic status, and younger adults.

In South Africa, people arguably experience stressors not necessarily experienced by those in some other countries as indicated by Bowman et al (2015) who believe that the reality of the environmental factors such as the scourge of violence that has swept through the country over the years impacts on the mental health of South Africans. Violence occurs on many levels. The World Health Organization report on violence (Krug et al 2002) classified violence into three types namely, self-directed violence, inter-personal violence and collective violence all of which thrive in “the absence of democracy, respect for human rights and good governance” (Mandela in Krug et al, 2002). The consequences of this violence manifests itself in a “... physical, sexual and/or psychological ...” form (Bowman et al, 2015). The younger generation of South Africans who find themselves in academic studies are at particular risk of developing mental health problems due to the various physical, environmental and work related stressors that they are exposed to.

Stress has the capacity to ignite mental health issues for an individual and then progress with a ripple effect creating stress for those around them too, which then impacts an organisation as a whole. It is crucial that psychosocial stressors within the workplace are identified and dealt with appropriately, effectively and efficiently in order to prevent or at least decrease the issues that lead to mental health issues.

2.3 WORKPLACE HEALTH

The workplace is often a stressful environment given the nature of our rapidly advancing technological world, globalization, and organizational change (Baran, 2012) which makes it difficult to maintain an idealistic, mentally healthy working environment. In Europe a study (Gigantesco, 2013) on workers found that 20% of the participants related having experienced significant stress within their place of work.

The National Institute for Clinical Excellence (NICE, 2015) agrees that workplace health is a “significant public health issue” stating that more than a million working people in the United Kingdom experience a work-related illness. Each year more than a million working people in the UK experience a work-related illness which includes both physical and mental illnesses.

Research studies have identified the causes and effects of stressful workplaces. Causes include competing priorities, cross generational- and gender based- conflict (Veerapen and Purkas, 2014), austerity measures (Convey, 2015), lack of control and intensity of work (Gordon and Schnall, in Schnall et al, 2009). The effects, as indicated above in the NICE guidelines, are known to be both physical and psychological and include musculoskeletal problems (Eatough et al, 2012), diabetes (Li et al, 2012), blood pressure, cholesterol and body mass index (Ganster and Rosen, 2013), burnout and family conflict (Wu et al, 2012), depression and alcohol abuse (Gordon and Schnall, in Schnall et al 2009) and anxiety and workplace bullying (Rodrigues-Munoz, 2015). Mental health issues like these can have detrimental effects on a person’s general health, job performance and ultimate success in their work (Cadorette and Agnew, 2017).

The negative consequences of psychosocial stressors within the workplace can contribute negatively in the form of absenteeism, low/decreased productivity, poor team morale and decreased quality output for the organisation concerned (Nel et al, 2011).

The impact of this is lost working days and a huge cost to the economy. The reasons for poor workplace health vary from one industry to another but the health care

industry which requires its workers to work long and irregular hours, and where individual workers may have little autonomy over their work and where discriminatory practices are likely to occur makes this industry particularly vulnerable.

Nel, Nelson and Quick point out those employees are part of a team that requires individual contributions in order to meet the teams/organizational goals. Thus if one employee experiences stress, it often migrates and negatively affects the rest of the team and their overall output. This stress can also arise from personal stress experienced outside of the workplace (Nel et al, 2011; Nelson and Quick, 2009).

Although stress is sometimes seen as positive in that it motivates an employee to namely, function more positively and complete tasks more efficiently it is mostly seen as negative in that the stress becomes a stressor and can then lead to undesirable results (Nel et al, 2011).

2.4 STRESS AND STRESSORS SPECIFIC TO NURSES

It is acknowledged that many stressors are not related to work and may include family responsibilities, domestic abuse, financial problem, poor housing, recent life events and other factors (Marchand et al, 2015; Clark et al, 2012) but those who work may experience additional stressors on top of the non-work stressors. Work stressors may relate to workload, performance targets, role conflicts, role ambiguity (van den Brande et al, 2016) and are known to be even more problematic in a health care environment where health workers are required to make life and death decisions, often encounter organizational problems and conflicts and may possess insufficient skills (Wu et al, 2012). Further known stressors for nurses in South Africa include conflict with peers and patients, poor supervision, overtime and high job demands (Khamisa et al, 2015).

Healthcare workers and professional groups generally suffer from stress often as a result of many factors namely, heavy workloads in the wards, limited time, patient emergencies and the total patient care required to render quality patient care.

The nursing profession is known to be one that causes extreme stress to the nurse due to the demanding nature of the work entailed. It causes health problems and takes an emotional toll on the employee in the form of various forms namely, physical and psychosocial issues/problems (Parul et al, 2014).

Nurses also have to face an almost daily occurrence that not many others have to and that is the experience of death and dying. Loftus (1998) has reported that death of a patient for a nurse is one of the most challenging aspects of nursing.

Treloar et al (2017) point out that the nursing practice environment is particularly stressful as nurses have complex tasks to execute in an environment full of ambiguities and unexpected events and that there is no textbook available to help them deal with such problems resulting in them having to make decisions based on their own instincts. The impact of stress in the health care environment exacts a toll, not only on the staff, but on the patients as Karadzinska-Bislimovska et al (2014) showed a positive correlation between stress in the workplace and decreased quality of care in the health industry.

Bullying appears to be prevalent in the nursing environment that has recently been studied by many authors in various countries (Clarke et al, 2012; Matt, 2012; Granstra, 2015; Szutenbach, 2013; Wright and Naresh, 2015 and Esfahani and Shahbazi, 2014) and in nursing academia (Goldberg, 2013).

The victims of work place bullying experience depression, anxiety and often manifest symptoms of Post-traumatic stress disorder (PTSD) (Verkuil et al, 2015). The

consequences of workplace bullying is a significant factor that requires intervention due to the extreme effect it can have on an organisation.

Causes of stressors and their impact to nurses vary but the fact that they work in extremely close contact with their patients for extensive periods of time during their shifts creates stress in itself. There is minimal opportunity, in terms of time, for a complete break from their ward work. The consequences for nurses includes (but are not limited to), the compromised ability to render total, holistic, quality patient care to all of their patients (Karadzinska-Bislimovska et al, 2014). The other side of this is that there is a personal negative impact on the individual nurse namely, difficulty in personal coping skills. Coping with stress is difficult to cope with when there is little or no time to address any issues that arise during a shift. Some nurses turn to unhealthy coping methods like substance abuse outside of working hours (Strobbe and Crowley, 2017).

2.5 STRESSORS SPECIFIC TO STUDENT NURSES

The healthcare industry has been known to be one of the most stressful working environments to work in, more so than other professions and so it is expected that students in the nursing profession face even more stressors than their counterparts who are qualified and working in the healthcare profession already. Pulido-Martos et al, (2012) found that student nurses biggest stressors were related the academic programme that they were enrolled in. These students also discussed their anxiety around clinical work in the wards where they feared making errors not only with their patients, but also with medical equipment too. They also found that this anxiety was not dependent on which specific year of study the student nurse was in (Pulido-Martos et al, 2012).

Other research was conducted on student nurses who enter the nursing education field and Labrague (2013) found that Filipino student nurses who were enrolled in a government nursing education institution reported moderate levels of stress which was exacerbated when they had to complete projects and/ assignments as well as

continue to work in the wards. As a direct result of this stress, the Filipino student nurses also reported an increase in physical, emotional and social problems (Labrague, 2013).

In addition to generalised problems in the workplace, it has been shown by Vaughn, Drake and Haydock (2016) that students who work while attending college are particularly vulnerable in terms of their mental health) also. Shepherd-Banigan et al (2016) pointed out that women are subject to more workplace stress than their male counterparts and that, if they have children, they are even more likely to suffer depression as a result of the conflicts they experience as working mothers. As most student nurses are young women, they are likely to be vulnerable to workplace stress.

When student nurses enter an academic programme, they are faced with new, increased and demanding expectations in their chosen field of study. They are not only learning theory, but are also implementing and integrating it with clinical practical work in the clinical environment (Chernomas and Shapiro, 2013).

Financially, students are faced with ever increasing costs for studying (Chernomas and Shapiro, 2013). Not all students benefit from parents paying their course fees, or from a bursary. Financial stressors also create stress for student nurse this often overlaps into their personal and family life.

Student nurses often experience severe mental health problems namely, depression and anxiety as a result of demanding academic and practical requirements. Some experience personal problems relating to poor coping skills (Chernomas and Shapiro, 2013). Nurse burnout has also been a concern which is caused by various factors namely, physio-psycho-social issues (Wang, Liu and Wang, 2015).

The process of death and dying is a difficult and taxing experience that all student nurses will experience at some time or another during their studies and/ careers. Maria Parry's (2011) research on this issue yielded important information relating to the students high level of anxiety when a patient death occurred. They felt unprepared and inadequate in dealing with this specific stressor. The role of a mentor was suggested in order for the student nurses to cope adequately with the actual reality of a death of a patient (Parry, 2011).

Environmental factors that students finds themselves in when engaged in clinical practice such as dealing with human tragedy, high workload, bullying and violent and abusive patients are stressful to seasoned health workers but as they are unusual and abnormal in the public domain student nurses entering their training will have had little or no exposure to such phenomena. Khater (2014) showed that student nurses do cope better as they progress through their training but that the combination of academic work and a stressful clinical environment make life particularly stressful for nursing students. Given that nursing students in South Africa experience these stressors and those from living in a post-apartheid with its accompanying poverty and social risks, raises the concern that this group of young people may need specific targeted support.

2.6 CONCLUSION

In chapter two the literature review on stress and stressors for both nurses and student nurses and the impact thereof was discussed. A review of the literature makes it clear that mental health in the workplace, be it as a worker, nurse or student nurse predisposes one to various psychosocial stressors. However, it is evident that student nurses face additional stressors considering their additional academic demands both in the clinical/practical environment and the theoretical classroom area. Student nurses face academic, financial, social and work stressors.

In chapter three, research design and methods utilized in this study will be discussed.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the research design and methodology that was utilized in this study will be described. This will include the research setting, sampling process, data collection, data analysis, trustworthiness, and the ethical considerations.

3.2 RESEARCH DESIGN

A qualitative, descriptive design was used for this study as little is known about the stressors specific to students in a private nursing education institution. An interview guide was used as a data collection tool. (Annexure 1).

Burns and Grove (2009) state that qualitative research invites us to review the extent, value and intricacy associated with the situation and hold opinions stemming from a holistic worldview such as:

- There is no one truth.

- With the progression of time, individual truth is perceived in multiple ways based on each individual's interpretation of reality.

- We prescribe unique significance relevant to a specific circumstance of frame of reference.

Elizabeth Henning argues that she chooses to utilize qualitative data which is connected to the category of investigation that a researcher carries out, and that a social enquirer will be lead to the use of specific techniques and tool on the basis of this enquiry, (Henning, van Rensburg and Smit, 2013).

The specific technique used to collect data in this exploratory qualitative study was the semi-structured interview, during which “the interviewer must ask a certain number of specific questions, but can also pose additional probes”. (Brink et al, 2013:158).

A descriptive design is one that investigates and sets out to explain situations or incidents that occur on a daily basis in a person’s life. With the assistance of descriptive analysis, themes and ideas are distinguished / noted and this results in creating a foundation for continued research. (Burns and Grove, 2009).

Ivey (2016) argues that despite professional opinions of descriptive research not being of value, it is crucial in descriptive research that ideas are noted in order to sort, group and classify concepts upon which they are to be based. (Ivey, 2016)

3.3 RESEARCH SETTING

The research study was conducted within a private healthcare facility in Gauteng. The interviews were conducted in the training department and adjacent conference room. In the event of both venues being unavailable, the unit manager of the training department provided the researcher with a private venue in which to conduct the interviews. This healthcare facility was selected as it is one of the largest clinical training facilities in the Gauteng South West region and has a heterogeneous population of students.

Within this final year group of student nurse, there are self-funding students (SF) who cover their own costs but are on gratuity, which involves receiving a monthly financial stipend for the duration of this year of study. This is given with a view to assisting the student with academic fees, transportation and textbook costs. After these students complete their training, they are employed by the healthcare facility where they completed their clinical practice, in order to pay back the gratuity in time worked. Should the student decide to leave the healthcare facility, they are obliged to pay back all costs incurred. There are also students who are permanent, full time employees of the healthcare facility. They are on full bursaries where their course is paid for by the healthcare facility that they worked in prior to commencement of their

studies. These students continue to receive their salaries that they received prior to their studies. They are however then required to pay the healthcare facility back in the form of time worked - one year of studies for one year of work at the healthcare facility.

The 1000 hours per academic year are the practical hours required of the student to 'work' in the clinical areas to gain experience in terms of the SANC regulation. These 1000 hours do not include either the time spent at the NEI attending academic classes or Facilitated Practical Learning (FPA).

3.4 THE POPULATION

The population consisted of 50 final year student nurses (N=50) at a purposively selected private training facility. Final year students have had exposure to the system for at least 3 years and were therefore best able to participate in this study.

3.5 SAMPLE AND SAMPLING

Fifteen (15) final year student nurses were purposively selected according to the criteria in the sampling framework below. As multiple languages are spoken in South Africa, the four official languages of Gauteng were included. However, all the interviews took place in English and in order to be included in the sample, all students were competent in speaking English. English is the language spoken in the private health care facility. If saturation had not been reached after interviewing 15 students, more students would have been interviewed. The sampling framework was devised to ensure that as many issues that may affect the circumstances of the students was covered. At least one student meeting each criterion was selected, but as was expected any one student may have met more than one of the criteria.

Table 3.1: Sampling framework

Criterion		
Age group	18 – 25 years	>25 years
Sex	Male	Female
Financial support	Bursary holder	Self-supporting
Home Language (official languages in Gauteng)	English IsiZulu	Sesotho Afrikaans

3.6 DATA COLLECTION

A data sheet containing the details of the students at the hospital was obtained and students were selected according to the sampling framework by a second independent person not involved with the study or the students to prevent bias. This was done despite the fact that the researcher did not know the students. None of the students who participated in the study were sub-ordinate to the researcher. Each student who had been selected was approached, given an information sheet, and if he/she was willing to participate, a mutually convenient time and date was set up for the interview. If the student was not willing to participate, another student with a similar profile according to the sampling framework was selected by the independent person.

Semi-structured interviews were conducted in a private place and according to the interview guide (see annexure 1). Each was recorded digitally with the students' permission.

Interviews continued until at least one person from each of the criteria of the sampling framework had been included. Additional students were selected to make up the fifteen students but saturation was reached after interviewing approximately half of the students.

3.7 DATA ANALYSIS

The interviews were transcribed verbatim and analysed using Braun and Clarke's (2006) six step process of thematic analysis, namely:

- Familiarisation with the data where the researcher read through the transcripts
- Coding where preliminary codes were assigned to similar ideas or concepts
- Searching for themes amongst the coded data
- Reviewing themes were checked for consistency and / or similarities
- Defining and naming themes and the sub-themes
- Writing up of the completed coded interviews

A copy of a page of an analysed interview can be found in annexure 9. Each interview transcript was allocated a code in order to ensure confidentiality and to ensure that the data could be used and acknowledged in the write up of the research. The interviews were transcribed by a transcription company but the researcher read and re-read each interview several times before commencing with the assignment of preliminary codes. This was done by highlighting words and phrases in the scripts and once similar ideas were identified, they were assigned a code. Those ideas were then developed into themes and sub-themes as indicated in the annexure and the findings of the study in the following chapter. Once preliminary codes were assigned, the researcher met with her supervisor and the rest of the process of developing the sub-themes and themes was done together to reduce subjectivity.

3.8 TRUSTWORTHINESS

Trustworthiness was ensured by using Guba and Lincoln's four principles as a guide:

Credibility: Iterative questioning was used during interviews as well as debriefing sessions with supervisor and member checks of the data collected. Prolonged engagement with participants also assisted with credibility. The researcher conducted the interviews herself, so she was able to observe the participants' demeanour during their responses.

Data quality was ensured by the use of probes. In addition, questions were often rephrased to elicit more detailed information. This also assisted in detecting any possible misunderstandings or discrepancies.

The researcher frequently met with her supervisor who monitored and assisted with the data analysis process which assisted in achieving data accuracy and provided for more objectivity in the analysis phase of the study.

Dependability: Dependability refers to the sustainability of the data when repeated over time and under similar circumstances (Polit and Beck, 2010). A full description of the research processes and methods was provided in order to enable other researchers who may be interested in using similar processes to have a clear understanding of how the data were collected and analysed to reach the conclusions presented in the study.

This was, however, a small study and it's not known whether this would apply in other settings.

Confirmability: This principle relates to the drawing of conclusions that accurately reflect the subjective opinions of the participants rather the researcher's underlying assumptions (Brink, Van der Walt and Van Rensburg, 2013; Polit and Beck, 2010).

In order to assist in maintaining this principle, an audit trail including the keeping of all the raw data in a secure place for a period of two years after publication of an article. In addition, all other data including digital recordings, transcripts and analysis, will be kept in a locked facility accessible to only the researcher and her supervisor.

Transferability: Transferability refers to the generalisability of the results to other settings and samples (Brink, Van der Walt and Van Rensburg, 2013; Polit and Beck, 2010). As mentioned above, it is not known whether this is possible due to the small size of the sample and the fact that it was confined to one campus of a single private nursing education institution. However, the research methodology could be used to replicate the study in other settings. A thick description of the research methodology has been provided to assist with this process.

Authenticity: Adherence to the sampling framework ensured coverage of a range of realities in a just and dependable way. It was imperative for the interviewer to attempt to identify with, and develop an understanding of the concerns raised by the

participants. (Polit and Beck, 2010:539; Brink, Van der Walt and Van Rensburg, 2013:172).

3.9 ETHICAL CONSIDERATIONS

Polit and Beck (2010) emphasize the importance of addressing ethical issues when conducting research involving humans and animals.

Brink et al (2013) point out that the researcher is also required to submit his or her research proposal to appropriate research review committees and for obtaining their permission to conduct the study (Brink, Van der Walt and Van Rensburg, 2013). This was done and the Ethics Clearance certificate (M160805) can be found as annexure 7. Letters of permission demonstrating site approval can also be found as annexure 8.

Informed consent is a fundamental aspect of conducting ethical research and is used to protect participant's right to decide for themselves, or self-determination. The informed consent should provide easy to understand and provide sufficient information to assist the participant to decide whether to participate or not. This information form plays an important role in assisting the participant when it comes to providing (or refusing) to give informed consent. (Polit and Beck, 2010).

The information sheet used for this study can be found in annexure 2. As can be seen in the annexure it includes the purpose of the study, information about the process of the interview and the likely time as well as discussing anonymity and confidentiality and the voluntary nature of participation and that the participant may withdraw at any time before or during the interview. All potential participants were given the opportunity to ask questions before signing the two consent forms; for participating in the study (Annexure 3) and for digital voice recording (Annexure 4).

Respect for persons is another important principle of ethical conduct. This was ensured by not withholding any information, and answering any questions posed by

the participants. The researcher also ensured that their participation was voluntary and they were in no way misinformed or enticed to get their consent. The researcher did not have a supervisory relationship with the participants at the selected site and treated all participants with respect throughout the study.

The principle of **non-maleficence** is about protecting the participant from harm and discomfort during the study (Polit, Beck and Hungler, 2014). A private setting away from distractions of the classroom and hospital was provided and participants were provided with refreshments. Interviews took place at a mutually agreed upon time which would not inconvenience the participants or result in their missing out on academic or clinical work. Participants were given information regarding their right to free access to ICAS (a private counselling service) should they have experienced any distress as a result of their participation. The participants did not benefit from this study.

The principle of **justice** refers to the right to fair treatment and selection of the participants (Brink, Van der Walt and Van Rensburg, 2013). Participants were selected according to the sampling framework by an independent person who did not know the students. All participants were treated in the same manner including the content of the interview, and the setting used for the data collection.

Confidentiality relates to the participants' right to privacy and the act of not disclosing the information shared during the investigation (Polit and Beck, 2010; Burns and Grove, 2009). Confidentiality was ensured by providing each transcript with a code, known only to the researcher and supervisor, so that no participant could be traced or identified in the research report or any article that follows.

3.10 CONCLUSION

In chapter three the research design and methodology was discussed. Chapter four will follow and deal with both the findings and the discussion and include the integration of the literature with the findings.

CHAPTER 4 – FINDINGS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

In chapter three the research design and methodology was presented. In this chapter the findings of the study will be presented as well as the discussion of those findings, including an integration of the literature with the findings of the study.

4.2 THEMES AND SUB-THEMES

Four themes were identified when analysing the data namely: Academic, financial, work, stress and social. There were several subthemes in each theme, as seen in table 4.1 below.

Table 4.1: Categories and sub-categories

THEME	SUBTHEMES
Academic pressure	<ul style="list-style-type: none">- Fear of failure- Academic load- Lack of group support- Lack of time- Lack of integration, theory and clinical
Financial constraints	<ul style="list-style-type: none">- Reliance on family- Shortage of money- Sources of funding- Extension of training
Work stress	<ul style="list-style-type: none">- Workload- Unprofessional behaviour- Lack of support- Patient suffering
Social issues	<ul style="list-style-type: none">- Conflicting roles- Living conditions- Family responsibilities- Transport challenges

4.3 ACADEMIC PRESSURE

The term “academic” in this study pertains to the issues related to the students’ learning and to teaching in the nursing education institution.

All of the input from the participants related to negative aspects of academic experience, but it should be born in mind that they were asked about stressors, and so this was to be expected. Participants clearly felt unsupported and overloaded with academic work.

There were five sub- themes identified under the academic theme, and all reflected the participants’ desire to succeed academically but identified the stressors making this difficult.

The sub-themes were:

- Fear of failure
- Academic load
- Lack of group support
- Lack of time
- Lack of integration of theory and clinical.

Each of these sub-categories will be discussed individually below.

4.3.1 Fear of Failure

Fear of failure in any academic environment is a common concern. This was evident amongst the participants whether or not they had previously failed a course during their academic careers or not. Some of the participants spoke about experiences of failure and others merely the fear of failing.

Participant H referred to the experience of having failed in second year and said *“...the way the stress...I even failed SANC exams”*.

The stress of this cohort of students from the private sector was compounded by their concerns that if they fail, their training is terminated or extended which has social, educational and financial implications for the students and their families.

This was noted by participant J who said, *“I feel so bad when I got 48%, I don’t want to disappoint him”* (my father). The participant went on to say *“My dad is a pensioner. He’s paying my studies. So, he’s using the money for pension”*.

Participant K had to extend her training with major financial implications. She said, *“I have to pay four thousand five hundred”*.

Fear of failure commenced as soon as the participants started their training, as they are required to complete and pass course work, so they are continually stressed – not just during the examination period.

Participant K said *“this year I failed the first (assessment). I have got forty four percent. Hey, I was so stressed, even now I am still stressed”*.

4.3.2 Academic Load

The term ‘academic load’ in this study refers to the amount of work required from the students in both practical and theoretical areas, whilst in training. Students on the course are required to complete 1000 hours of clinical practice in addition to the theoretical programme. Participants in this study certainly felt *“overloaded”* related to the dual workload of clinical and theoretical requirements.

Participant A gave an example of clinical overload where they had *“four patients or five patients and you get called to assist someone else when you are already in the process of assisting someone. So, if that happens and you don’t readily get the help you need or enough hands, it would present itself as a stress because you get to think oh okay I’ve left such a thing yet not done and now I am running to accompany a patient, trying to assist someone there”*.

With seniority, comes increased responsibility. Participant D claimed “...*because you have got four stripes [final year student nurse] they just assume that you know everything*”.

Another concern for the students is that they are not only responsible for their work at the healthcare facility, but also school work as explained by participant D said, “*The workload that they give us...you have to work on [the] other side for the school work.*” The participant went on to discuss “*on the other side [sic], (from the participant’s point of view, I have to be) student and a mother and a wife*”.

Time to study is influenced by conflicting roles that many of the participants were affected by. This negatively affected their workload.

4.3.3 Lack of Organized Support

Lack of formal support is a concern in an academic environment and students therefore provide support for one another. Most students tend to gravitate and become a group as they progress throughout their years as a student nurse. The participants in this study confirmed the fact of becoming a group, in essence a “*family*”. When a student fails and gets extended, they experience the feeling of a loss of “*family*”.

Participant J said “*then me and my friends, there are only two who made it. We are five in the group...It’s bad.*” This group of five students experienced a sense of loss when only two students in their group of five passed. It is clear that there came distress to not only the remaining two, but also the three that failed. Their sense of “*loss*” is immense for them.

Participants were concerned that a lack of group support was also evident in the ward situation as referred to by participant K as “*teamwork*”.

Lack of group support and teamwork in the ward increases the workload for participant K and he openly confessed that *“sometimes you feel like tomorrow I can be sick”*. Participant A confirms his colleagues’ extreme feelings of the lack of group support in the clinical setting when the student said *“the kind of work stresses that I normally or periodically experience...include perhaps meeting patient’s needs. So, for instance you have four patients, or five patients and you get called to assist someone else when you are already in the process of assisting someone. So, if that happens and you don’t readily get the help that you need or enough hands, it would present itself as a stress because you get to think oh okay I’ve left such a thing yet not done and now I am running to accompany a patient, trying to assist someone there”*. The participants then realize that when he returns to his allocated jobs, he asks himself *“where is everyone?”* He even questions himself *“Am I just not doing... too much or is everyone working the same level as I am?”* He ends up feeling alone, clearly not part of a team or group. The student confessed *“But me on my part having failed to give his medication on time.”* He felt like he had failed his patient because his nursing team did not support him appropriately once he got back to his allocated patients.

4.3.4 Lack of Time

Lack of time of educational support system is a common concern brought up by many students. The educational institution has a year in which to teach and convey to the student, all SANC requirements for example in their third year of study to become a registered nurse. All students do not work at the same place. However, the pace of work, both academically and clinical continues to run despite different learning needs and abilities. Participant B said, *“it is just with the amount content that they need to cover at college, as well as us absorbing it all, it’s a lot of limited time for us to absorb what they’re trying to tell us and then have to go and study it all at home as well...”* The participant said *“we won’t be registered if we don’t have our correct hours. So, it is just a lot into a few years of studying”*. *“And then also by the end of this year you have to have your two thousand hours done (3rd and 4th year)”*

4.3.5 Lack of Integration of Theory and Practice

Lack of integration of theory and clinical manifests itself commonly in all students when what they were taught at college on a theoretical basis, is not integrated into their clinical work in the wards. This presents a dilemma for the student as they are unable to link the theoretical component at for example, a specific disease process taught in the nursing education institution, to the partial situation in the world.

Participant F explained being “given a patient and then you know nothing about the patient, you won’t even start formulating those recent diagnoses because maybe you’re coming across that and the diagnoses for the first time of which your book is not there”. He knew he needed his textbook “*to check or to study up about that of which there is no time for...*” Even when the participant needed assistance from senior colleagues, there were times when he was ignored, and “*just stare at you as if now you are mad*”.

The integration of various aspects of practice was as problematic as integrating theory and practice. Participant B pointed out “*the thing of changing every ward, every monthly*”. He continues “*so just when you find your feet, you’re shipped off somewhere else and you get there and they kind of just expect you to know all the protocols, know everything and continued that*” also when you’re in specialities...you’ve got your exact seven shifts (84 hours per speciality). That you have to have there for that time and then they’re shipping you off to somewhere else...” Participant C explained that the academic stress increases when she physically and psychologically prepares herself for work in a particular ward, but on arrival she is allocated. “*So, it’s like they’re changing your mind. You have to adjust yourself*”. She continues “*So I don’t enjoy it that much but there is nothing I can do*”.

Participant F explained *being* “given a patient and then you know nothing about the patient, you won’t even start formulating those recent diagnoses because maybe you’re coming across that and the diagnoses for the first time of which your book is not there”. He knew he needed his textbook “*to check or to study up about that of which there is no time for...*” Even when the participant needed assistance from

senior colleagues, there were times when he was ignored. If they did not answer, he would say that he's busy or *"just stare at you as if now you are mad"*. The lack of support for the participant in the clinical area is evident, when the participant can't make a link between their theoretical knowledge and the clinical area, there are negative repercussions.

4.4 FINANCIAL CONSTRAINTS

Financial refers to costs involved between the students and the private nursing education institution (NEI), in respect of their studies. Constraint is anything that prevents a person from achieving their potential or goals. A financial constraint is barrier related to money that prevents a person from achieving their potential or goals. In the context of this study it refers to problems in accessing finances or the high cost of achieving goals.

Many of the participants in this study have various financial struggles, because they are "self-funders" (SF), namely funding their own nursing education studies.

The NEI provides what is known as, "gratuity" for final year student nurses. It is a form of a stipend given to self-funding students for the purpose of financial assistance in respect of their educational fees, textbooks and transportation costs.

Foreign students said that they felt they were particularly prejudiced and further disadvantaged, in that they had less access to gratuity in the first two years of their training.

There were four sub-themes identified under the financial theme which related to participants wanting to be able to cope financially during their training, namely:

- Reliance on family
- Shortage of money
- Source of funding
- Extension of training

4.4.1 Reliance on Family

Reliance on family is a common situation that many self-funding students find themselves in. In the study many of the participants expressed their concerns regarding obtaining financial support from their families in one way or another.

Participant L said that a stressor for her in her first 2 years was *“Finances because I’m a self-funder... so the finances was just a bit hectic because I didn’t get gratuity and my husband is the only one making some finances”*. The participant continued *“Actually we did contest why we’re not getting gratuities but then at that time they told us that foreigners are not getting gratuity”*. The student continued *“I’m still a foreigner but I’m a permanent resident here”*. The participant said *“...from my hospital part [sic] (side) I really felt outlined [sic] (excluded)”*.

Participant D said “yes” when asked if her husband is involved in her family unit at home. “No” when asked if she was on gratuity. She also said that paying for her studies *“... is a lot because I really need to work very hard that I don’t fail [sic] because it is going to put a lot more pressure for that money, like I passed my pay [sic]... and (only) worked for six months (which) wasn’t enough for me to (work) the fee’s, so my husband had to put money in. She continued “He is the (one) who are paying for my fees and transport...”*

The stress of relying on family for financial support was illustrated by participant C when she said, *“Sometimes I borrow money from my family... so it’s very stressing”*. Consequently, the student feels *“they will talk about me, she’s working but she cannot afford it”*. This type of response then creates more stress for the student as she then stated, *“So I won’t tell people all of your (my) problems”*. The student believes *“... they will never understand what you’re going through”*.

Participant A said *“During my first year... I had some financial (stressors) but it wasn’t quite a stress as such because... I was given a gratuity... second year”*. The student explained that he got through first year with reference to finances because *“I had my*

brother, so he was paying for most of it. So, it was solely on him because I wasn't working then. So, he... pays for my fees not only that transport (too)".

The reliance on family for financial support often falls at the hands of the student's immediate family. Participant J said *"... my dad is a pensioner. He's paying for me, he's paying for my studies. So, he's using the money for pension". This creates more pressure on the student as stated "... I feel so bad when I got 48%. I don't want to disappoint him".* The student acknowledged that *"Once I've qualified... I will be looking after my parents... and whatever I need".*

4.4.2 Shortage of Money

Shortage of money features in most of the participants lives during their training. Participant B said, *"Yes you get gratuity, but it doesn't really cover a hell of a lot of things and in your late twenties you're trying to start a life and you can't do that..."*

Participant C said, *"I've got a car... that I bought...I had to borrow money from the bank... within three months it broke, and I could fix it. So, I am paying that money every month. So that is another financial problem that I am experiencing. Buying food... I cannot even buy a cold drink from the coffee shop at lunch because I have to make sure that I've got transport money. Sometimes I borrow money from the family, you know, so it is very stressing".*

4.4.3 Sources of Funding

Support from the student's mother's employer featured in some of the participants interviews. The majority of the mothers of the participants, who did experience this, were domestic house workers.

Participant M said: *"My mom's employer she is paying for the fees for me... she actually is doing a lot for me. I stay at her place, she buys me food. So, I don't need money for lots of things, that's why I'm telling you I've managed to turn my life around without gratuity and be fine".* This student previously failed her third year and gratuity was withdrawn. It was reinstated, after rewriting exams and passing.

4.4.4 Extension of Training

Extension of training costs more for a student if they fail a course. This in turns creates added financial stress for the student. Participant K said, *“I was extended in PEN1 (Pupil enrolled nurse) ... I have (had) to pay four thousand five hundred (rand) extra”*. Despite this student being allowed a redo OSCE (Oral structured clinical evaluation) exam, they still failed a second time. The participant felt cheated during the process of the “redo”, and said, *“It was unfair because I did urinalysis and then when I was about to record, they said I must redo a physical assessment and then when I was busy doing physical assessment again, they said time is up and that cost me four thousand, five hundred (rand)...”* The student said they did nothing about this result, and did not appeal. Instead the student extended with the above mentioned financial implications, as well as having to do *“Three CPCA’s (comprehensive patient care assessments) and five hundred hours”* extra.

4.5 WORK STRESS

Work stress refers to the hardships, conflicts and dilemmas that occur within the clinical areas whilst students are engaged in their practical training. The issues raised in this category are similar to problems that nurses encounter in their practise.

There are five sub-themes identified in this theme, namely:

- Workload
- Unprofessional behaviour
- Lack of support
- Patient suffering

4.5.1 The Workload

The workload of the students in the clinical area and the long hours are significant enough to mention as it was verbalised by many of the participants in this study. This is similar to the hardships experienced by full time nursing staff in the clinical areas.

Participant B said *that “by the end of the year you have to have your two thousand hours done... it is a lot of pressure. Also finishing at 19:00 when you are doing your hours, still going home... find time to study...”*

Participant C said, *“The work load... when you are in your fourth year, they expect more from you. You must like have a knowledge of most of the things. So, it’s very difficult because you have to nurse the patient holistically, you must help... you know to take decision, start learning to take decision of what you’re doing. So, the workload is too much”.*

The pressure from the increased expectations of these students has created a “snowball” stress effect and many of them struggle to cope.

Participant L expressed their stress regarding the one thousand hours required for SANC in their final year. The participant said, *“According to the study guide, you’re supposed to have a minimum of a thousand hours right, but then (our) hours is going to one thousand two hundred and fifty-two hours”.* This student went on to enquire at the NEI about whether their *“one thousand hours is supposed to include your management hours”.* At the NEI the student said *“But here they’re saying no, your management hours are separate. So that’s why it is getting to one thousand two hundred and fifty-two”.* The participants have expressed their discontent as they *“feel it’s too (many) hours”.* The participant has literally *“given up”* and said, *“It is beyond my control, there’s nothing I can do”.*

4.5.2 Unprofessional Behaviour

Unprofessional behaviour manifests itself in professional jealousy and discrimination predominantly towards international students, was a common concern highlighted in this study.

Unprofessional behaviour also pertains to the bullying of students in the clinical environment. Participant E discussed how she was verbally abused by a community nursing service manager. *“He lashed out at me. Just because he said I must take a*

blade that he was using, and it had blood on it, so I wanted to put on a glove and then he called me stupid cause he said I'm being slow..." The student discovered later that this staff member was projecting his feelings regarding marital problems at home. The student was embarrassed as *"... he said in front of everyone in the room... it was not a very nice feeling"*.

Participant L spoke about *"... mixed feelings..."* when she returned to a ward that she'd last been in as a first-year student. She said, *"There are people who have stayed in places (wards) for long periods..."* She said that these permanent nursing staff *"... are full of ... resistance saying that we have been here more than you, there is nothing you can tell us... others have been there for sixteen ...twenty years... so when this (new ward) manager comes in, now there is resistance..."*. The student explained that she can see *"the manager is stressed..., so you as a student... no one is there to advocate for you, you are your own person (alone)"*.

This student also said *"...management is the head of nursing care. So, if the management is bad, (there will be) poor nursing care...patient care..."*. The student believes that *"...they (management) should try and just walk in and evaluate (the RN's) and just see what's happening"*. The student believes that just as students are placed "on the spot", so too should registered nurses be assessed *"on the spot"* to assess their level of competence.

Participant L said that he did not get gratuity in his second year of training because *"...at that time, they told us that foreigners are not getting gratuity"*.

At this the NEI, there is a recognition process whereby the top five students of each course group are identified, given a certificate and have their names on a poster in the NEI foyer for each PSR (practical summative results). Participant L said *"... you don't know (have) a sense of belonging... They used to give a certificate for the best PSR"*. The student complained that this process does not apply to foreign students *"You're not supposed to be a foreigner to get it"*. The student also reports that *"I got very high marks, (but)I wasn't put in top five because my fees weren't paid up...It wasn't time (due date) for it to be paid up anyway and it was up to date"* *"...it wasn't*

time for it to be paid up anyway and it was up to date where it was supposed to be, but I didn't get "top five" because my fees weren't paid". This foreign student confirmed there is a process "...one of the girls that sat close to me got lower marks than what I did, but then was top five". The student "went to the clinical facilitator (CF)" questioning their concerns. The CF went to (named person), and asked her and she said no, we also take into consideration the fees". The student explained "... quite honestly I think that's terrible". "It was only the permanent staff that got into the top five because already they didn't get (have) to pay their fees.

Professional jealousy was repeated by participant B who, because of gratuity benefits will owe the private training facility / institution two years of service after qualifying. He said *"I don't think it will be at (this private healthcare facility) ... as most of the people in the unit knew me when I was in PEN 1 (pupil enrolled nurse first year) as a first-year student... and most of them still see me that way".*

This study revealed many students reporting disrespect in the clinical areas. Participant B is one of many of the participants who reported that the staff in the units they started in as a junior member of the nursing team; continue to see them as a senior member of staff now. The participant was told *"yesterday you were here at the bottom".* The ward staff told the participants that they have changed. The student responded *"but you (I) have to. You've got so much more responsibility on your shoulders, you can't be their friend anymore". "They begrudge you that you've gone further and raised your qualification".*

Participant B said, *"There is a lot of... ENA's (Enrolled Nursing Assistants) that I used to work with in PEN1 and 2, now when you see them, they barely even greet you".* This indicates only some of the stress of the students "changing" relationships within the clinical environment.

Professional jealousy within the clinical environment was discussed by many of the participants in this study. Participant J explained that in their first year as a PEN1, they learned from the ENA namely: vital signs. However, on return to the same ward later in their training, the same ENA ignores and refuses to talk with them, *"...you're*

becoming a senior...what is it jealous [sic]... they end up jeopardizing you..." This student also complained that on return to a ward, later on in their training, "... They give you heavy patients. They give you so many patients... when you complain, they say okay, no, she can't handle this" As a result the student felt like "...failure..."

This participant also raised the fact that the ward manager participated in the bullying of returning senior students, by believing one side of the "story" from their ENA's and reacting and never listening to the student's interpretation of events.

4.5.3 Lack of Support

Lack of support was brought up by the participants in respect of a new nursing service manager who is seen by participant B as *"very money orientated. So, they're cutting number in every unit...to the bare minimum where there's people nursing...twelve / thirteen patients on your own. And I'm just not willing to do that. I haven't even gotten my epaulettes yet and I'm not willing to lose them because of negligence because I can't look after so many patients"*. The student is willing to take off sick leave, rather than work under poor conditions. This in itself displays the student's feelings of lack of support in the clinical environment.

Participant J spoke about stress in the clinical environment, with specific reference to coping with the death of a patient that they have nursed for three weeks. *"I felt like I lost a family member... it was not a nice feeling... I even cried... we were so close. We connected... we shared... I felt like I lost someone, like a family member"*.

Participant J also discussed how she is fully aware of her late coming in the ward as being unprofessional. The student said that after the ward manager spoke to her, she knew the ward manager *"...won't understand until you get to experience the situation"*. The student said it was not safe for her to leave her home in Alex before sunrise. *"It's not safe at all... sometimes ... you just see bloods [sic] and then people say...someone was killed here last night or this morning around five o'clock"*.

Participant K struggled to cope with an 11 year old patient who suffered a cardiac arrest and died shortly after praying with her. The student who was involved in this unsuccessful resuscitation said “...*eish [sic] it was like it was my child. It was like my daughter, I was crying*”. She explained to the ward manager that the first time she “...*saw a baby pass away...*” she felt too scared to lay out the body. “*I never do this [sic] and I am scared*”. She was told “... *you have to take the baby to minus two*”. She accompanied the parents to the mortuary and said to the staff “...*I can’t...*” when requested “*to open the bundle*”. The student acknowledged that she could not eat for the rest of the day. She said, “*But that week... I keep (kept) on seeing the babies face...*” This incident illustrates that support was not available to the student despite stating her needs in this regard.

4.5.4 Patient Suffering (Staff Traumatized)

Despite the participants in this study being final year students, a number of them felt traumatized in certain patient- staff interactions. Participant A said “*For example...you’re actually taking...IV lines...there’s a difference between someone who’s slim and someone who has high subcutaneous tissue...so the experience of having veins that are superficial and others that are not superficial, easily seen...so yes it comes as a stress because sometimes you would have someone pricked once or twice ...*”

Participant E said “*We have to be taking [sic] more patients than we can handle because they decided to take other staff, put them in different units or they send some home. So it becomes stressful [be] cause we end [sic] making mistakes, cause now you cannot be one person with more than eight patients.*” This participant continued “*Sometimes we can end up with ten to twelve patients.*” The participant said “*It makes me angry. It makes me not want to come to work tomorrow. Like I can just call in sick...it’s emotionally draining.*”

4.6. SOCIAL ISSUES

Social refers to the way of life, involving both personal and family responsibilities that the participants in this study have experienced.

Despite the participants all being students in their final year of studying towards becoming a registered nurse, they are mostly living and studying in very difficult and inadequate circumstances and environments.

There are four sub-themes that were identified in this theme, namely:

- Conflicting roles
- Living conditions
- Family responsibilities
- Transport challenges

4.6.1 Conflicting Roles

Conflicting roles was a common factor in almost all of the participants involved in this study. Participant C said “Because being a student, being a mother... it’s not easy at all. I am experiencing a difficult time”. She went on to say “...*you have no social life*”. She hides her innermost feelings and worries by saying “*But I don’t show too many people the problems that I do have. They don’t know. They see me as a happy person... they don’t know what is going on in my life*”.

Participant D explained her multiple roles as follows, “...*when you get home, you need to do homework, support your child ... do have [sic] your own homework...you need to cook...*” She continued that as a self-funding student, she does not get paid annual leave “... *I don’t have enough time to go and visit my mum*”. The participants originate from Limpopo province. Family complain to her that “... *you no longer come home like more frequent [sic]...*” The student had to explain to her mother that college work continues whilst trying to fulfil clinical hours in her private health care facility.

4.6.2 Living Conditions

Living conditions pertain to the place and type of residence that the participants live in. In this study, participant J said she lives in a room in the township known as “Alex”. She said that her and her mother bath in that one room. The lack of privacy is

evident. She also stated that she has to *“...sit and wait for maybe six o’clock because it is dark outside...it’s not safe at all...”*

These circumstances are expressed by the student as *“It’s so traumatic”*. The living conditions of these students are most certainly a huge stressor in their daily lives.

4.6.3 Family Responsibilities

Family responsibilities encompass the support of extended family, as well as the effects and influence’s the students work life has on family life.

Participant P who receives a gratuity is supporting her school going children, as well as her unemployed husband, who is an artisan. As if this is not enough of a burden, she said that prior to meeting her husband; he had a daughter with another woman. She said *“That child used to love me so much... last year December she was in my house. She was like a friend to me ...my best friend... she was born in 2001.”* This sixteen-year-old girl became sick, and this student was called by the girl’s biological family. The student explained to them that she could not go there, as *“I was studying, I was at school”*. The student received a phone call later in the week to inform her that the sixteen-year-old child was in Johannesburg and wanted to see her. The child arrived at the student’s home while she was at college one day, and on her return home that evening, she found the young girl sleeping in one of the children’s beds. She approached the sleeping girl. *“I opened the blankets ... she didn’t move. So, I shook her, her breathing was very shallow”*. Neighbours came to help when she called out. An ambulance took the child and the student to a government hospital, and shortly after arrival *“... the doctors came out and said the child is gone. She has passed on. So, it was stressing me very much...how am I going to tell her mother that the child is gone?”* The effect of situations like this, certainly place the student under immense stress. Fortunately, the mother and family of the diseased girl did not blame the student. In fact, the family told the student *“...she loved you, she wanted to be with you, just except it”*. The student returned to college, despite not being able to focus on anything taught to her.

4.6.4 Transport Challenges

Transport challenges are one of the difficulties which was raised by participants in this study. Despite by participant C being employed by the private health care facility that she works in, she still struggles to finance her own transportation to work and college. She attributes this to the unfortunate fact that her husband was retrenched, and her daughter living with family in another province. She supports all of these people financially too. She often finds that the money for transport “... *doesn't cover through (to) ... month end*”. She finds that she has to lend namely: one hundred rand to carry her through to month end.

Participant J depends solely on taxis for transportation. Due to the nature of shift work she needs to leave home for work early, but waits for “*first light*” as it is too dangerous to walk in the dark in Alex. She expressed feeling traumatised as she has to walk a distance to reach her local “...*taxi rank...*”

Participant K said “*One day it was June the first, the bell rang (as) I was about to leave it was maybe five past seven and the taxi... was going... “.* The student knew that there was only one taxi going to her area. The night staff were at the nurse’s station, “*I will just pass there (check on patient)*”. The patient’s mother requested assistance from the student and when she eventually reached her taxi pick up point, there were no taxis. The student went on to explain a horrific experience where she found a taxi, got into it and only after the door closed did she realised that apart from one lady, there were only men in it. They had said to the student that they were going to Alex, but soon told the student that they were going to Thembisa and that “...*there is no open door*” (*no exit*). The men held the driver at gun point. The student believed that the taxi driver was part of the “*set up*”. The men took phones, money as well as the contents of the two ladies hand bags. Both women were then allowed to exit the taxi. The women saw an office and a man at the gate who told them to wait there. The student and the other female then realised that they might be putting themselves “... *into trouble again*” (*danger*).

As one can see transportation presents major challenges to these participants. Participant K had to go on duty the next day at 06:45.

4.7 DISCUSSION OF FINDINGS

4.7.1 Academic Pressure

Academic pressures are not peculiar to this study and several academic themes were identified. Many authors have indicated that students in the health professions are most troubled by academic stress and that it is a significant stressor (Gupta et al, 2015; Labrague, 2013; Abu-Ghazaleh, 2016; Pulido-Martos, Augusto-Landa and Lopez-Zafra, 2012) despite the many other stressors in their lives.

Fear of failure is a common issue amongst the student community all over the world. Daily stressors in the academic field are known to cause temporary hypertension and this could be associated to anxiety during assessment/examination periods. This anxiety has a direct effect for a student's potential academic and future employment success (Conley and Lehman (2011). It is clear that fear of failure is certainly a realistic stressor for student nurses. However in South Africa it is compounded by issues by the fact that there are socio-economic pressures where it is difficult for students to pay for their nursing courses. They fear failing because to redo an exam brings with it huge costs both financially and emotionally.

The stress of the workload applies not only to the academic workload but the added requirement to complete clinical hours. In South Africa student nurses are required to complete approximately 1000 hours per year in the clinical field which acts as a stressor. In addition, these hours are divided into different specialities such as surgical, medical, theatre, paediatrics, emergency department, community nursing, night duty and clinical management. The students are constantly placed in different clinical working environments in order to meet the clinical hours required in each discipline. In each discipline they are required to be part of the workforce. This exposes student nurses to the same stressors as qualified clinical staff. However, student nurses experience additional problems such as academic pressures,

deadlines to meet, studying and working simultaneously, abnormal behaviour like drug dependency, alcoholism, depression and suicidal ideations. (Jacobs, 2013).

In the clinical area some student nurses not only have difficulty in dealing with the competing demands of the academic programme with the clinical placements but also feel excluded by trained staff and have difficulty in meeting all their learning needs (Suresh, Matthews and Coyne, 2013), which is compounded by a fear of the unknown, a new clinical environment, conflict between the ideal and real clinical practice, unfamiliarity with medical history, lack of professional nursing skills, unfamiliar patients' diagnoses and treatments, providing physical, psychological and social care to patients, fear of making mistakes, giving medication to children and death of a patient. (Labrague, 2013). Oermann and Gaberson (2009) believe that changing patient conditions, caring for difficult patients and having the teacher observing them adds to this list of stressors for students in the clinical environment and believe that students' stress increases as they progress from one year to another although other authors (Khater, Akhu-Zaheya and Shaban 2014) found that the amount and level of stress decreases as students' progress through their academic programme and Sharma and Sinha (2017) found that whether it increases or not depends on the coping mechanisms they have and the support they are given.

Lack of group support/Lack of group support/peer support of students/ team work is a common complaint noted by students worldwide. Halpin, Terry and Curzio (2017) noted that when one is a member of a successful group, there comes an effective, conducive, supportive network that contributes to a successful working environment. In this study it was clear that nursing students gravitate towards each other during their training and form a familial bond that provides a mutually supportive system that facilitates and promotes improved morale and thus more positive results in all areas of the nursing environment. This study revealed a desire by student nurses to work as one team for the ultimate goal of effective and quality patient care.

Students in general **lack time** to fulfil academic requirements adequately to enable them to achieve their end goal of a qualification of some sort. Cherif et al (2014) said

that “for the most part the students are unrealistic about the time it will require to do the assignments, readings, and problems. They work fulltime, have family responsibilities, take a full course load, and do not set aside enough time to concentrate on the problem at hand. They are over committed in terms of time. Lack of time was brought up by the participants in this study. They discussed their many concerns namely completing their SANC required 2000 hours (3rd and 4th year) as causing huge pressure for them. Despite many of the students having different learning needs, both the academically and clinically, the courses continue at the same pace and in the same manner without making any allowances for individuality. This was identified as a stressor experienced by some of the participants in the study.

Lack of Integration, theory and clinical is a common issue brought up by students the world over. There are times when teachers/mentors give students the impression that their documentation is not important. (Morrell and Ridgway, 2014). Some students do not have the ability to make the transition from school to college/university. They feel unprepared in facing the big jump from school to higher education (Cherif et al, 2014). In this study the participants felt there was an absence of linking theoretical knowledge to the clinical setting within the healthcare facility, which has led to negative results for both the patient and the participant.

4.7.2 Financial Constraints

Finance features as a high ranking stressor for students and is associated with mental health problems (Mukherjee et al, 2017; Beiter et al 2014). In the study by Beiter et al (2014) finances ranked the fourth highest stressor for college students after academic stressors, concern about success and post-graduate employment. It is not only the cost of paying for tuition that causes stress but also the fact that for most students it is the first time they have been personally responsible for buying food and managing their own finances. Bianco and Bosco (2012) showed that college students tend to be financially illiterate thus adding to the burden of trying to manage their finances when living away from home.

Around the world there are different forms of **reliance** that students depend on during their studies. Internationally students may depend on their parents to support them financially, or rely on scholarships and bursaries. This financial outlay of the former is largely part of the students' parents financial planning. Trombitas (2012) researched financial stress in college students and found that due to the burden of financial strain, they did not reach their full potential with specific reference to their academic results. However in South Africa, participants in this study came from a post-apartheid regime where their parents and grandparents did not generally have access to primary and high school education. As a result many of these participants lend whatever small amounts of money that they can from parents and immediate family. As a direct result of apartheid, poverty in this third world country, affects many of the participants South African families. Often these participants were forced to go to the extreme measure of asking grandparents to cash in their pensions. This brought on feelings of guilt within the student nurse and created pressure on the student nurse to perform successfully in the hope that they will then support the grandparents as soon as they qualify and start earning a salary. A study by Mabuda (2017) of two provinces in South Africa showed that one of the needs felt most by parents in South Africa is to educate their children and often incur debt themselves to ensure this is done.

Shortage of money for every student the world over is a realistic concern. Trombitas (2012) found that students are now having to work due to the continuous increase of academic fees as well as the exorbitant rising cost of living. By working, the students are more able to meet expectations associated with either university or college. (Scott-Clayton, 2012 in Trombitas). Goldrick-Rab and Broton (2015) noted how severely students were affected when they discovered that students actually altered their expenses with reference to food. They also divulged that the nutritional intake of these students was decreased as they could not afford to eat as they used to. Some reported that that they could not afford to eat at all and even went without food for a whole day. Students in this study were said often not to have enough money and expressed a need to do part-time work to supplement the monies (funds) that they

receive from their families, bursaries or scholarships. Participants from this study in Gauteng, South Africa have additional problems in this respect. Unlike student nurses at public institutions, they do not receive salaries or bursaries. Many of the participants in this study do, however, receive a 'gratuity.' It is a type of stipend to assist the student with their namely fees, textbooks and transport costs. The participants felt that despite this gratuity, they still didn't 'come out' financially. Many of the participants admitted to using their gratuity namely, to pay rent, buy food not only for themselves but their extended family too. Mabuda's study (2017) found that it is a common phenomenon that nurses who earn any money are expected to support extended families – this seems to even be the case amongst the students in this study who, despite earning very little, still felt an obligation to support family members who were worse off than themselves.

If a student is required, for whatever reason, to **extend their training**, it further compounds the already existing problems of shortage of money (Willemse, 2016). In the majority of first world countries, students who fall into this category are largely reliant on their parent's financial resources. Participants in this study generally had no such parental support and were required to pay an additional R4500 if their training was extended for any reason – usually academic failure.

4.7.3 Work Stress

Work stress is commonly found in all areas of the workplace whether as student or qualified professional. Uwimana and Kerr (2017) identified nursing as one of the most stressful professions in the world and that due to the ongoing nature of service delivery, stressors were persistent. Participants in this study, who are required to complete their theoretical learning by integrating their knowledge practically in the clinical areas, are exposed to these same work stressors as ward staff, as well as student pressures namely tests, exams, assignments and class work preparation. As discussed in chapter two, work stressors may relate to **workload**, performance targets, role conflicts, role ambiguity (van den Brande et al, 2016) and are known to be even more problematic in a health care environment where health workers are

required to make life and death decisions, often encounter organizational problems and conflicts and may possess insufficient skills (Wu et al, 2012).

Participants in this study clearly felt exploited in that they paid for their training but were required to work long hours, carry heavy loads, and do so in difficult circumstances.

Whilst every profession demands a particular level of behaviour, it is common to find professionals acting in an **unprofessional manner**. The working environment has the potential to create opportunities for staff conflict, bullying and psychological distress. Unfortunately the consequences of this could involve depression, altered sleep patterns, low self-esteem, burnout and absenteeism (Evans et al, 2012). Where this is a working environment that dictates specific roles, conflict can arise. The stressors of actual roles can become extremely stressful for an individual (Balducci, Cecchin and Fraccaroli, 2012). In this study some of the international students felt discriminated against and experienced professional jealousy. The 'international students' are those students who come from countries outside South Africa, usually from countries in sub-Saharan Africa. Klotz (2016) points out that the roots of such xenophobia are deeply rooted and linked to demarcation of borders and nationality. Crush and Tawodzera (2014) explain the sad fact that "xenophobic attitudes and actions are all-pervasive in South Africa in civil society and the state". They continue to explain a concept known as 'medical xenophobia' which refers to "negative attitudes and practices of health professionals and employees towards migrants and refugees based purely on their identity as non-South African." This makes one think that it is deeply entrenched in the hospitals and likely to be expressed not only related to patients but also students from other countries. These participants expressed that they felt bullied by permanent staff members, especially when they returned to the units that they worked in prior to commencement of their training, or that they were in earlier on in their training. Participants added that they felt it was the responsibility of the unit managers to stop this unprofessional behaviour, but because they felt nothing was ever done about the inappropriate

behaviour in the units, that it was then as a result of poor management at higher levels.

The concern expressed relating to a **lack of support** is also addressed in the international literature. Morrell and Ridgway (2014) conducted research in the United Kingdom that suggested that whilst student nurses generally are assigned a mentor, they also do require further support from academic staff. In this study the findings suggested that participants felt unsupported and that this stemmed from poor management that filtered down to the nursing staff in the units. This idea was also expressed by some of the participants in this study who concluded that all Unit Managers should hold a Nursing Education qualification as their facility is a training healthcare facility. Whether this would resolve the issue is not clear and there is a lack of evidence to support the notion.

Many students outside of South Africa expressed feeling traumatised due to a host of contributing factor's involving **patient suffering**. Godwin et al, (2016) research concluded that nurses identified specific causes that created stress namely insufficient motivation, poor/inappropriate numbers of staff on the floor and the incongruent staff to patient ratio. It is important to note that nurses identified that poor, holistic patient care was blamed on a direct result of stress that nurses experience (Uwimana and Kerr, 2017). It was no different in this study as participants pointed out that due to the same factors, the patients were directly affected in a negative way namely inadequate and poor patient care, poor time adherence to doctors' orders and dispensing of medication at prescribed times.

4.7.4 Social Issues

Students in any country or situation are naturally affected by circumstances in the communities from which they come. Even if they move away from home to study, they are not immune to such problems. Jury et al (2017) point out that students from lower socio-economic circumstances are disadvantaged in tertiary education simply by virtue of their socio-economic status. It was clear in this study that the participants

who were largely drawn from lower socio-economic families struggled with those circumstances and with an ability to succeed in their studies.

Conflicting roles presented difficulties for the participants who were nurses, students, mothers and often bread winners all rolled into one. The profession of nursing is well known for the dilemma of multiple roles that one has to adapt to in order to achieve the ultimate goal of quality patient care. At the same time it is expected of nurses to cope, despite the stressors involved in this profession. As a result of issues namely retrenchment processes, restructuring and consolidation leading to the confines of role accountability, job-related stress has been found to be rising amongst nurses (Godwin, Suuk and Selorm, 2016). Halpin, Terry and Curzio (2017) found that nurses' many different role expectations were one of the stressors that increased a nurse's workload. In today's society many students also take on multiple roles namely caring for their families, doing extra work to make ends meet financially and studying to meet academic requirements (Cherif et al, 2014). These issues were common to this study too. The participants found their many roles namely being a mother, wife/husband/partner, student and a nurse in the clinical area were often in conflict.

Some of the participants in this study had sent their children to live with their parents, and/or grandparents while they completed their studies. This in itself was a stressor as they were unable to care for their own children. This in turn caused the parents and grandparents to expect a form of compensation to raise these children. It becomes difficult when the student can only afford to pay for their studies, transport and food. Copland and Roberts (2010) in a report prepared for UNICEF, remind us of the importance of understanding such issues in a cultural context, and that despite such practices not being consistent with Western norms, and being viewed negatively, they should be viewed with an understanding of the importance attributed to the extended family.

Living conditions are most certainly an issue that affects people the world over. Students sometimes have the advantage of living at the academic institution they are studying at or they live at home with their parents whilst completing their academic career. However, many do not and the issues arising from poor living conditions impact on students (Debus, Konig, Kleinmann and Werner, 2015).

In this study some of the participants were found to be at a significant disadvantage of having no basic services namely, electricity, running water and living in one room (with two or three other people) that is made of corrugated iron sheets. Their living conditions are not conducive to studying or living a healthy lifestyle. Hunter and Posel's (2012) contention that living in informal dwellings is vital to the residents' survival and many do so in order to find work. Some of the participants' situations seem closely allied to this position.

Many students in current times already have **family responsibilities** when they are completing their academic studies. This adds significant stressors on the student. Nurses work significantly long and abnormal hours during their shifts, be it night or day duty. This contributes to both physical and psychosocial stress which plays out as namely as mental health issues within the working environment as well as the home environment (Zhang, Duffy and De Castillero, 2017). In this study the participants were exposed to similar stressors. In South Africa, the consequences of a post-apartheid era, namely poverty due to the participants' parents and grandparents not being educated still exists. Extended families of some of the participants were also found to be dependent on the participants for financial, accommodation and caring needs.

Some students in higher education in South Africa have no **transport** issues as they live in the residence of their academic institution. There are also students who have the benefit of parents buying them their own transportation. However in this study it is a very different story for the majority of the participants. They depend largely on public transportation. According to a report in the Mail and Guardian newspaper

(Oxford, 2013), 60 to 70% of the commuting public, are reliant on minibus taxis who transport up to 15 million people a day. Oxford continues that the taxi industry is plagued with safety issues and their track record of death and poor driving is of great concern. Despite this, the participants in the study are obliged to rely on public transport. Due to their irregular working hours in nursing, they have to catch the last taxi available for that evening in order to get home. They are often delayed due to handover issues in the hospital units and this then exposes them to dangerous situations in an effort to get home.

4.8 CONCLUSION

In chapter four the findings of the study were discussed. It is evident from the findings of the study that student nurses are subjected to a great deal of stress as they are subjected to all the stressors of the workplace experienced by others as well as the stress of the academic environment and on top of that they are often from poor socio-economic families.

In Chapter five the main findings, limitations and recommendations for nursing education, nursing research and nursing practice will be described.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In chapter four the findings and the discussion thereof was analysed. In chapter five the main findings will be discussed, as well as the limitations and recommendations for this study.

5.2 SUMMARY

This was a qualitative study using semi-structured interviews to answer the research question, “What is the nature of the psychosocial stressors that final year student nurses in a private clinical training facility experience?” This was done by using Braun and Clarke’s (2006) thematic analysis technique. The realized sample for the study consisted of 16 final year student nurses. It was evident that these students are experiencing multiple psychosocial stressors. Specific psychosocial stressors included (but not limited to) namely, lack of support in the clinical area, transport challenges, family responsibilities, living conditions issues, work stress and fear of failure and are in need of opportunities to verbalize their concerns and feelings. It was clear that they did not want answers or solutions to anything, but literally wanted an opportunity to debrief.

Many of the participants expressed a desire and extreme need to have a person who will not necessarily counsel them as ICAS currently does, but merely be another nurse with experience to just listen to and hear them. During the researcher’s data collection interviews, the student nurses spoke with genuine relief of how wonderful it was just to talk with the researcher. ‘They expressed that they didn’t need anyone to talk back to them but instead they wanted to be heard.

5.3 MAIN FINDINGS

In this study there were categories of psychosocial stressors identified namely, academic, financial, work stress and social stressors. One aspect that came up

clearly was that the various stressors are inter-related due to the fact that if one is struggling financially, it naturally spills over and has a ripple effect on one academically. It is similar to a snow-ball effect where the momentum of stress increases as more issues evolve and this creates a continuum and/vicious cycle which does not stop.

Despite the participants in this study seeming quite driven to complete their training, it is done so despite overwhelming odds. Many of the students seem to have serious financial issues and this appears to be related to the fact that they are self-funding or receiving a gratuity unlike students in the public sector who until recently have received either a salary or a bursary.

5.4 LIMITATIONS

- The sample size was small and restricted to the one private health care facility, as well as the utilization of only one group of final year student nurses and one Nursing Education Institution (NEI).
- Interviews were conducted in English which was a second language for almost all of the participants in this study.
- Some of the students who were approached to participate in this study refused. It is possible that those who did participate had different needs to the others who did not.
- Cultural bias was a potential issue as almost all the participants were of a different culture to the researcher. This may have influenced the manner in which the researcher has chosen to represent concepts.

5.5 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND NURSING PRACTICE

Recommendations in the area of nursing education, nursing research and nursing practice will be discussed below.

5.5.1 Nursing Education

- Collaboration between the NEI and unit managers based at the health care facilities to forge closer ties in order to best support the final year student nurses more effectively, should be enacted.
- The funding model which is known as “gratuity” needs to be re-examined as the study revealed student nurses were dissatisfied with this system. A stipend that is commensurate with the number of hours that the student actually does work, should be considered.
- A small group of psychiatric trained registered nurses should be established to put into practice a support/listening/counselling programme.
- Despite the financial and logistical implications of providing student accommodation, this possibility should be investigated in order to alleviate some of the stress experienced by their having to travel all the time.
- Students should be involved in management of the NEI to ensure their voices are heard.

5.5.2 Nursing Research

- To conduct a cost analysis of establishing a small group of psychiatrically trained registered nurses to create a mobile counselling service specific to the NEI in Gauteng.
- To replicate the study in other NEI's of this private healthcare group nationally to assess if the psychosocial stressors of final year student nurses. This would confirm whether such a need for counselling is required throughout the private group in order to decrease and minimize psychosocial stressors of the final year student nurses.
- To replicate this study within the public sector in order to make a comparison of whether final year student nurses in the public sector experience similar and/ different psychosocial stressors. This would ultimately influence all student nurses nationally and may assist to drive policy development relating to student training.
- An article combining the results of this study and one recently conducted on resilience amongst student nurses should be written and published.

-A quantitative study should be conducted to develop a baseline measurement of stress of student nurses in the private nursing education institution prior to implementing interventions to assist students to cope with stress. This will enable the effectiveness of any intervention to be measured.

5.5.3 Nursing Practice

- Assessment by an industrial psychologist to determine suitability for nursing should be included as part of the selection system.

- A face-to-face interview with prospective candidates should be included as part of the selection process to assess their motivation and capacity to succeed in the academic programme for nursing.

-Scholar programmes aimed at developing a more realistic understanding of nursing amongst potential students should be expanded upon in order to mitigate the initial stress when commencing nursing.

-To share the findings of this study with the unit managers based at the healthcare facilities as well as at the company's head office to create an awareness of the student nurses' stressors and implement appropriate action.

- Stakeholders and unit managers should be encouraged to meet to develop possible solutions to reduce the psychosocial stressors of student nurses in the clinical setting.

5.6 CONCLUSION

The research question guiding this study was: What is the nature of psychosocial stressors that final year student nurses in a private clinical training facility experience?

As stated in the main findings stressors included academic, financial, work stress and social stressors and all these were inter-related and provided for a cascade reaction of one to another. While this study was small and confined to one campus, it is likely that the types and levels of stress experienced by students in other campuses in the company are similar. It is of great concern as the lives of many young people are

being jeopardised. It is vital that the levels and nature of stress experienced by the student nurse population as a whole are better understood by the relevant people within the nursing community. It is also crucial to the nursing profession, as by understanding and assisting the students, it will ultimately assist in retaining the student nurses once they qualify as registered nurses. Student nurses in their final year of training seem to be surviving on limited personal resources and experience problems in multiple other areas of their lives, which in turn affects their academic and work performance.

Despite the stressors that student nurses experience on a daily basis, or maybe because of them, they seem largely resilient and appear to overcome many of their personal challenges. It is however useful and may increase the retention of many more student nurses who leave during their training, to provide more appropriate support to them through an effective support counselling and debriefing programme as discussed in the findings of this study. After all it is the student nurse of today who hold the health care profession in their hands.

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ANNEXURES

ANNEXURE 1: INTERVIEW GUIDE

DEMOGRAPHIC INFORMATION

Age	
Gender	
Home language	

INTERVIEW GUIDE

The researcher will ask the following question: “How have you experienced stress during your training?”

Probes:

Socio-economic problems?

Psychosocial problems?

Academic problems?

ANNEXURE 2: INFORMATION SHEET FOR SEMI STRUCTURED INTERVIEWS

Good day

My name is Karen Ann Freer and I am currently studying at the University of the Witwatersrand, pursuing a Master's Degree in Nursing Education. The title of my research study is "A Description of Psychosocial Stressors of Final Year Student Nurses in a Private Training Facility in Gauteng". The purpose of this study is to identify the nature of the psychological stressors of final year student nurses in a private clinical training facility experience, with a view, at a later stage of developing a preventative and support programme.

I would like to invite you to be a part of this study.

Participation will involve a semi-structured interview to give the opportunity to share your views and experiences regarding the topic mentioned above. The interview will be informal and should last between 45 minutes to an hour and will be conducted by the researcher herself. I will also seek your permission to digitally record and transcribe the interview in order for me to analyse the information from the discussion.

All recordings will be kept and stored under lock and key, and/or stored in a password protected cellular device for two year if the study is published and for six years if the study remains unpublished, after which time the recordings will be destroyed and/or deleted.

To maintain confidentiality and anonymity, participants will not be referred to by name; a code will be used instead to protect your identity. You have the right to choose whether or not to participate in this study and you may withdraw your consent at any stage without facing any negative consequences or penalties. You also have the right not to answer questions if you feel uncomfortable.

Your participation would be greatly appreciated and should you have any questions or need for clarification, please feel free to contact me on 072 606 9600 or via e-mail karenannfreer@gmail.com. Should you have any concerns about any aspects of this

study or if you wish to report any problems, please feel free to contact my Supervisor or the Ethics Office of the University:

Dr S.J. Armstrong (Supervisor)

Department of Nursing Education

The University of the Witwatersrand

Sue.armstrong@wits.ac.za

Tel: (011) 488 3094

Prof P. Cleaton-Jones

(Chairperson, HREC Medical)

Tel: (011) 717 1252

Peter.cleaton-jones@wits.ac.za or

Ms Zanele Ndlovu / Mr Rhulani Mkansi / Mr Lebo Moeng

Administrative Officer (011) 717 2700/2656/1234/1252

zanele.ndlovu@wits.ac.za; rhulani.mkansi@wits.ac.za; and lebo.moeng@wits.ac.za

Karen Ann Freer

072 606 9600

ANNEXURE 3: CONSENT FORM FOR SEMI-STRUCTURED
INTERVIEW QUESTIONS

**“A DESCRIPTION OF PSYCHOSOCIAL STRESSORS OF FINAL YEAR
STUDENT NURSES IN A PRIVATE TRAINING FACILITY IN GAUTENG”.
(MASTER’S DEGREE IN NURSING EDUCATION: RESEARCH REPORT)**

I hereby confirm that I have been informed by the researcher: Karen Ann Freer,
about the nature of her study entitled ‘A Description of Psychosocial Stressors of
Final Year Student Nurses in a Private Facility in Gauteng’.

I have received, read and understood the written information sheet regarding the
study.

I am aware that the results of the study, including personal details and the answers I
give will be anonymous processed into a study report and all information will remain
confidential and there will be no penalty or loss of benefits resulting from my
responses or participation.

I may at any stage, without prejudice, withdraw consent and participation on the
study and there will be no penalties or loss of benefits to my withdrawal.

I have had sufficient opportunity to ask questions, and, of my own free will, declare
myself prepared to participate in this study.

Participant:

Signature

Date and Time

**ANNEXURE 4: CONSENT TO DIGITAL RECORDING DURING SEMI
STRUCTURED INTERVIEW QUESTIONS**

**“A DESCRIPTION OF PSYCHOSOCIAL STRESSORS OF THE FINAL YEAR
STUDENT NURSES IN A PRIVATE TRAINING FACILITY IN
GAUTENG.”(MASTER’S DEGREE IN NURSING EDUCATION: RESEARCH
REPORT)**

I _____ consent to being interviewed and I
understand that this interview will be recorded for the sake of accuracy and reliability.

I understand that consent is voluntary and that once these records are completed
and have been utilised for the purpose of this study, they shall be destroyed and/or
deleted.

I further understand that if any of my comments made during the interview are used
in the research report, the quotes will be anonymous.

Participant

Signature

Date and Time

**ANNEXURE 5: PERMISSION LETTER TO NETCARE RESEARCH
COMMITTEE**

c/o Depart of Nursing Education
School of Therapeutic Sciences
Faculty of Health Sciences
University of the Witwatersrand
7 York Road
Parktown
2050
Johannesburg

Dr. Trina Folscher
Research Department
Netcare Head Office
76 Maude Street
(Corner West)
Sandton
2196

**PERMISSION REQUESTED TO CONDUCT RESEARCH IN THE TRAINING
DEPARTMENT AT NETCARE SUNNINGHILL HOSPITAL**

My name is Karen Ann Freer and I am currently undertaking a Master's of Science Nursing Education Degree by research report, at the University of the Witwatersrand in Johannesburg.

The topic of my research is: "A Description of Psychosocial Stressors of Final Year Student Nurses in a Private Training Facility in Gauteng" at a Netcare hospital in Johannesburg. The purpose of this study is to identify the nature of psychosocial stressors of final year student nurses in a private clinical facility experience, with a view at a later stage of developing a preventative and supportive programme.

The data collection tools have been attached for convenience. The data collected will be kept and stored under lock and key, and/or stored in password protected cellular device for two years if the study is published and for six years if the study remains unpublished, after which time the recordings will be destroyed and/or deleted.

In order to maintain confidentiality and anonymity, the private training facility will not be named in the research report.

The students have the right to chooses whether or not to participate in this study and can withdraw consent to participate at any time, without having any negative consequences.

Your permission for this study would be greatly appreciated and should you have any queries or would like access to the results of this study, please contact me on 072 606 9600 or via e-mail at karenaanfreer@gmail.com.

Please also feel free to contact the Supervisor of this research report regarding questions and clarifications via the following contact details:

Dr S.J. Armstrong

Department of Nursing Education

The University of the Witwatersrand

Sue.armstrong@wits.ac.za

Tel: (011) 488 3094

Karen Ann Freer

072 606 9606

ANNEXURE 6: PERMISSION LETTER TO NETCARE REGIONAL COMMITTEE

c/o Department of Nursing Education
School of Therapeutic Sciences
Faculty Health Sciences
UNIVERSITY OF THE WITWATERSRAND
7 York Road
Parktown
2050
Johannesburg

Mrs Toy Vermaak
Netcare Education
Gauteng South West
Bunting Road
Auckland Park
2006

PERMISSION REQUESTED TO CONDUCT RESEARCH AT THE TRAINING DEPARTMENT IN NETCARE SUNNINGHILL HOSPITAL

My name is Karen Ann Freer and I am currently undertaking a Master's of Science Nursing Education Degree by research report, at the University of the Witwatersrand in Johannesburg.

The topic of my research study is: "A Description of Psychosocial Stressors of Final Year Student Nurses in a Private Training Facility in Gauteng" at a Netcare hospital in Johannesburg. The purpose of this study is to identify the nature of psychosocial stressors of final year student nurses in a private clinical training facility experience, with a view at a later stage of developing a preventative and supportive programmes.

The data collection tools have been attached to convenience. The data collected will be kept and stored under lock and key, and/or stored in password protected cellular device for two years if the study is published and for six years if the study remains unpublished, after which time the recordings will be destroyed and/or deleted.

In order to maintain confidentiality and anonymity, the private training facility will not be named in the research report.

The students have the right to choose whether or not to participate in this study and can withdraw consent to participate at any time, without having any negative consequences.

Your permission for this study would be greatly appreciated and should you have any queries or would like access to the results of this study, please contact me on 072 606 9600 or via e-mail at karenaanfreer@gmail.com.

Please also feel free to contact the Supervisor of the research report regarding questions and clarifications via the following contact details:

Dr S.J. Armstrong

Department of Nursing Education

The University of the Witwatersrand

Sue.armstrong@wits.ac.za

Tel: (011) 488 3094

Karen Ann Freer

072 606 9600

ANNEXURE 7: ETHICS CLEARANCE CERTIFICATE



R14/49 Mrs Karen Ann Freer

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M160805

NAME: Mrs Karen Ann Freer
(Principal Investigator)
DEPARTMENT: Nursing Education
Netcare Sunninghill Hospital

PROJECT TITLE: A Description of Psychosocial Stressors of Final Year
Student Nurses in a Private Training Facility in Gauteng

DATE CONSIDERED: 26/08/2016

DECISION: Approved unconditionally

CONDITIONS:

SUPERVISOR: Dr Sue Armstrong

APPROVED BY: 
Professor A Dhai, Co-Chairperson, HREC (Medical)

DATE OF APPROVAL: 12/12/2016

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary in Room 301, Third floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.** The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in August and will therefore be due in the month of August each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature

Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Human Research Ethics Committee (Medical)

Research Office Secretariat: Senate House Room SH 10004, 10th floor.
Medical School Secretariat: Phillip Tobias Building, 2nd Floor
Private Bag 3, Wits 2050, www.wits.ac.za

Tel +27 (0)11-717-1252
Tel +27 (0)11-717-2700
Fax +27 (0)11-717-1265



12 September 2016

To Whom It May Concern

SUBJECT: CONFIRMATION OF STUDY APPROVAL

Protocol Ref No: M160805

Protocol Title: Psychosocial Stressors of Final Year Student Nurses in a Private Training Facility

Principal Investigator: Mrs Karen Ann Freer

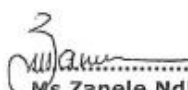
Department: Nursing

This letter serves to confirm that the Human Research Ethics Committee (Medical) has approved the above mentioned study. In order for a clearance certificate to be issued, the researcher is required to submit written approval to conduct the study in your district/institution.

The researcher has been informed that this letter is not a clearance certificate and that the study cannot commence without your approval and receipt of a clearance certificate from the HREC (Medical).

Should you have any queries, you may contact me at tel: 011 717 1252/1234/2700/2656 or by email zanele.ndlovu@wits.ac.za; HREC-Medical.ResearchOffice@wits.ac.za

Yours Faithfully,


.....
Ms Zanele Ndlovu
Administrative Officer
Human Research Ethics Committee (Medical)



ANNEXURE 8: SITE APPROVAL DOCUMENT



Netcare Sunninghill Hospital

Tel: +27 (0) 11 806 1500
Fax: +27 (0) 11 806 1636
Cnr Witkoppen & Nanyuki Roads, Sunninghill, South Africa
PO Box 4867, Rivonia, 2128, South Africa
www.netcare.co.za

10th November 2016

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS NETCARE FACILITY.

Dear Karen Freer

Re: *A Description of Psychosocial Stressors of Final Year Student Nurses in a Private Training Facility in Gauteng.*

We hereby confirm knowledge of the above named research application to be made to the Netcare Research Operations Committee and in principle agree to the research application for Netcare Sunninghill Hospital/site/division, subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the Netcare Research Operations Committee.
2. A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
3. Netcare has the right to implement any recommendations from the research.
4. That the Hospital/Site/Division Management reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / Netcare or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully

Pieter Louw

Hospital General Manager

Netcare Hospitals (Pty) Ltd T/A Netcare Sunninghill Hospital
Directors: S Chetty, J du Plessis, R H Friedland, K N Gibson, C Grindell, N Phillipson
Company Secretary: L Bagwandeen
Reg. No. 1996/006591/07

ANNEXURE 9: SAMPLE PAGE OF CODED INTERVIEW 1

<p><u>INTERVIEWEE:</u> During my first year I should say I had some financial but it wasn't quite a stress as such because I think I had some like, hope of having the financial side met of which I eventually, I was put on a bursary..</p> <p><u>INTERVIEWER:</u> ...gratuity student...</p> <p><u>INTERVIEWEE:</u> ...yes, gratuity yes. I was given a gratuity. I think that was when I finished my second year.</p> <p><u>INTERVIEWER:</u> How did you get through your first year?</p> <p><u>INTERVIEWEE:</u> I had my brother, so he was paying most of it. So it was solely on him because I wasn't working then . So [inaudible 6:10] to pay for my fees, not only that, transport. So eventually, I think it was quite a good relief having the gratuity.</p> <p><u>INTERVIEWER:</u> How did it feel when you, your facial expression just now when you said that your brother had to pay for your first year, what type of feeling did that invoke in your...?</p> <p><u>INTERVIEWEE:</u> I think I was quite anxious that for how long is he going to be paying for my fees? Yes. I really worried about that of how long is he going to do that for. If I don't get a job, because the other opportunity that was there was I would either drop my studies and get employment, I felt I could have done that but I had suggested to him that we could actually, I said you know what? It's not a good idea, besides the money you're being paid then you can after you finish your studies, you will be having more than what they currently want to offer you. So I suggest that you stick to your studies. So I think he came, when he spoke to me it was comforting to see that he had bigger plans about where I was headed than the plans that I had for myself at that moment. Yes.</p> <p><u>INTERVIEWER:</u> Okay, so you're glad you stuck with nursing?</p> <p><u>INTERVIEWEE:</u> Yes. I'm glad. It brings some kind of happiness and hope and I really envision myself to see great transformations</p>	<p>Bursary</p> <p>Gratuity</p> <p>Reliance on family</p> <p>Costs</p> <p>Reliance on family</p> <p>Costs</p> <p>Conflicting roles</p> <p>Costs</p> <p>Family support</p>
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SAMPLE PAGE OF CODED INTERVIEW 2

<p><u>INTERVIEWEE</u>: Okay. My family they very, very supportive to me. I have to be honest with that. It's just that sometimes you see things that my brothers do that bothers my mum. And then she will come and tell me and then I stress a bit and then we find that you have to write a test and now this is the problem I'm facing now. I have to try to focus and I'm stressing about it so ja.</p>	<p>Family responsibilities</p> <p>Workload</p>
<p><u>INTERVIEWER</u>: Are you living at home with your whole family?</p>	
<p><u>INTERVIEWEE</u>: No my family's in Free State.</p>	<p>Living conditions</p>
<p><u>INTERVIEWER</u>: Okay.</p>	
<p><u>INTERVIEWEE</u>: [inaudible 02:46] so here I'm on my own.</p>	<p>Living conditions</p>
<p><u>INTERVIEWER</u>: Okay.</p>	<p>Living conditions</p>
<p><u>INTERVIEWEE</u>: I'm renting a room in Vorna Valley.</p>	
<p><u>INTERVIEWER</u>: Okay.</p>	
<p><u>INTERVIEWEE</u>: Yes so over the phone yes, my mum will talk to me about the problems at home. Then they will bother me ya and then I will find myself lacking here and there on my studies.</p>	<p>Problems at home</p>
<p><u>INTERVIEWER</u>: You say it would, it bothers you so those phone calls from home, where your mum phones and says this and this and whatever is the problem. How does it make you feel inside?</p>	
<p><u>INTERVIEWEE</u>: I become upset about my those things that my brothers do. And I become worried about my mum sometimes the like the safety for my mother. Because you know sometimes when his drunk he invites the friends in the house and they sleep over. And my mum is alone so you know what is happening around. Ja I become very worried ja what will happen to my mother. So they do bother me.</p>	<p>Family responsibilities</p>